

I HEREBY CERTIFY this to be a true and correct copy of the original on file with the office of COUNTY CLERK.

This Certified Copy VALID
Only When SEAL and RED
SIGNATURE Are Affixed.

Nancy A. Waters
STATE FILE NUMBER
MUSKEGON COUNTY CLERK

LP
CF 04289-0029



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

1. DECEDENT'S NAME Georgia Key Smith	2. DATE OF BIRTH [REDACTED] 1946	3. SEX Female	4. DATE OF DEATH December 14, 2019
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Georgia Key Romans	6a. AGE - Last Birthday (Year) 73	6b. UNDER 1 YEAR MONTHS	6c. UNDER 1 DAY DAYS
7. LOCATION OF DEATH [REDACTED] 49442	7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Muskegon Twp	7c. COUNTY OF DEATH Muskegon	
8. CURRENT RESIDENCE - STATE Michigan	8b. COUNTY Muskegon	8c. LOCALITY Muskegon Twp	
9. ZIP CODE 49442	10. BIRTHPLACE Muskegon, Michigan	11. SOCIAL SECURITY NUMBER [REDACTED] 0371	12. DECEDENT'S EDUCATION High school graduate
13. RACE White	14. ANCESTRY Irish, Other North European	15. HISPANIC ORIGIN No	16. EVER IN THE U.S. ARMED FORCES No
17. USUAL OCCUPATION Homemaker	18. KIND OF BUSINESS OR INDUSTRY Own Home	19. MARITAL STATUS Married	20. NAME OF SURVIVING SPOUSE Richard Alan Smith
21. FATHER'S NAME George R. Romans	22. MOTHER'S NAME BEFORE FIRST MARRIED Irene Tisdale		
23a. INFORMANT'S NAME Richard Alan Smith	23b. RELATIONSHIP TO DECEDENT Husband	24a. MAILING ADDRESS [REDACTED] Muskegon, Michigan 49442	
25. METHOD OF DISPOSITION Cremation	26a. PLACE OF DISPOSITION Phoenix Crematory Services	27a. LOCATION - City or Village, State Muskegon Heights, Michigan	
28. SIGNATURE OF MORTUARY SCIENCE LICENSEE Dale R. Clock	29. LICENSE NUMBER 4501006296	30. NAME AND ADDRESS OF FUNERAL FACILITY Clock Funeral Home Inc. Muskegon Chapel, [REDACTED] Muskegon, Michigan 49441	
31a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the injury and disease(s) listed above. <input type="checkbox"/> Medical Examiner - On the basis of examination, medical investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and condition(s) listed above. Gerald A. Hartman, DO [Signature]	31b. ACTUAL OR PRESUMED TIME OF DEATH 05:49 AM	32a. PRONOUNCED DEAD ON December 14, 2019	32b. TIME PRONOUNCED DEAD 06:18 AM
33. DATE SIGNED December 19, 2019	34. LICENSE NUMBER 5101009348	35. MEDICAL EXAMINER'S CASE NUMBER	36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
37. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Gerald A. Hartman, DO, Harbor Hospice, 1050 W. Western Ave Suite 400, Muskegon, Michigan 49441			
38a. REGISTRAR'S SIGNATURE <i>Nancy A. Waters</i>	38b. DATE FILED December 19, 2019		
39. PART I. DIRECT CAUSES OF DEATH - Diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or hemorrhage without describing the etiology. Enter only one cause on line.			
40. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Approximate Interval Between Onset and Death months			
41. DISEASES PRESENT - listing all conditions existing or contributing to death or death - listing all conditions existing or contributing to death or death			
42. APPROXIMATE INTERVAL Approximate Interval Between Onset and Death years			
43. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I			
44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
45. CAUSE OF DEATH Natural	46a. WAS AN AUTOPSY PERFORMED? No	46b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable	47. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pre-eclampsia 42 days of gestation <input type="checkbox"/> Unknown if pregnant No past year <input type="checkbox"/> Not pregnant, but pre-eclampsia 42 days to 1 year before death
48. DATE OF INJURY	49a. TIME OF INJURY	49b. DESCRIBE HOW INJURY OCCURRED	
50. ADULT AT INJURY	51a. PLACE OF INJURY	51b. IF TRANSPORTATION INJURY	51c. LOCATION
			SP03722816

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.